

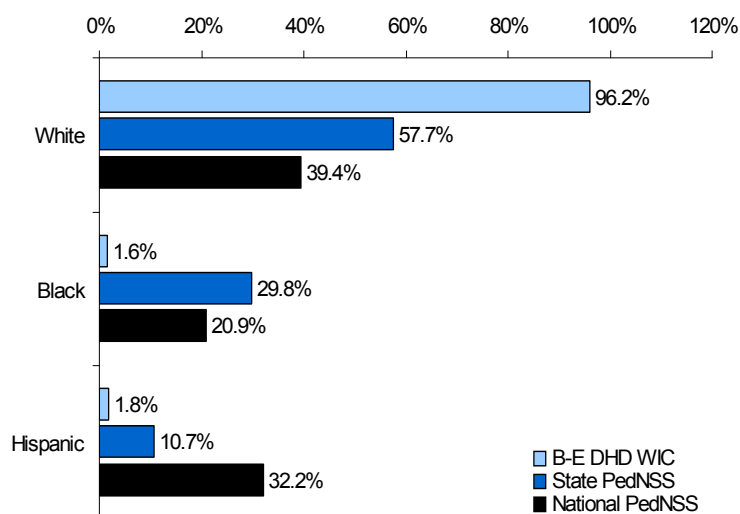
2003 WIC Local Agency Pediatric Nutrition Surveillance System (PedNSS) Report

The goal of Michigan WIC is to improve the health outcome of low income nutritionally at-risk women and children by providing supplemental nutritious foods, offering nutrition education/counseling, breastfeeding support, and referral to other health and social services. This report is developed to provide specific local information regarding the health and nutritional status of WIC participants. In order to provide local statistics stratified by age and race/ethnicity, three-year averages were calculated for each health indicator. Consequently, point estimates represent the incidence or prevalence of an indicator between the years 2001 and 2003. Trends were constructed using rolling averages and cover the period between 1998 and 2003.

Barry-Eaton District Health Department (Barry-Eaton DHD) is a mix of urban and rural areas (46.% of the region is urban). There is a combined number of 10,343 children in Barry and Eaton counties (6.4% of the population of the two-county area). Approximately, 7.9% of those children lived below poverty. In 2003, Barry-Eaton District Health Department (Barry-Eaton DHD) WIC served 2,640 of the total number of WIC participants in the state. PedNSS data for participants under the age of five years old in Barry-Eaton DHD revealed:

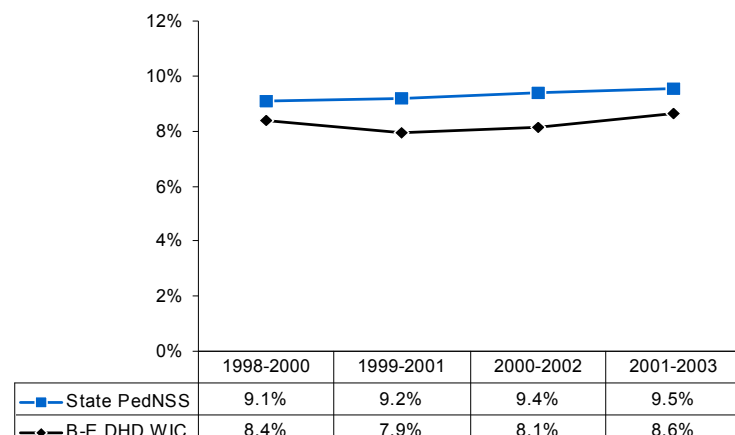
- The incidence of low birthweight was 8.6% in 2001-2003;
- 8.8% of infants had a birthweight of 4000g (13 lbs 8oz) or more;
- One in ten participants under the age of two years old were short in stature;
- Less than two percent of participants two to five years old were underweight;
- One in five participants two to five years old were at risk of overweight;
- The prevalence of iron deficiency anemia was lower for Barry-Eaton DHD WIC participants than their state peers: 8.6% versus 13.4%;
- Over half of infants and children under the age of two were ever breastfed.

Figure 1. **Racial/ethnic distribution** among infants and children under five years old, 2001-2003 PedNSS



96.2% of Barry-Eaton DHD infants and children under five years old were non-Hispanic White. Consequently, this report will not show statistics for health and nutritional indicators stratified by race/ethnicity.

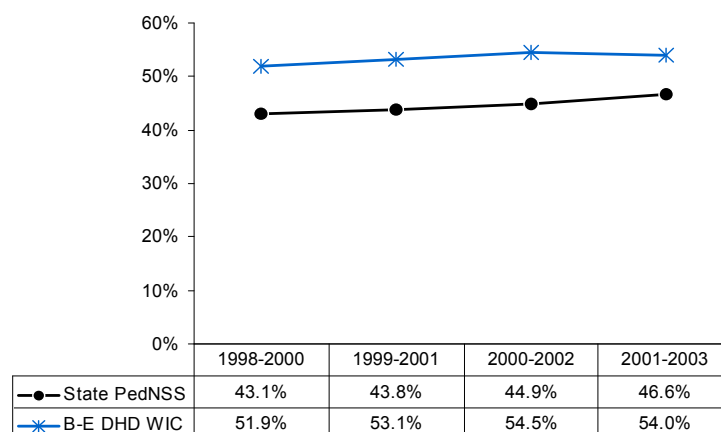
Figure 2. Local and state trends in **low birthweight*** among infants in the Barry-Eaton DHD WIC Agency, 1998-2003 MI PedNSS



The incidence of low birthweight in Barry-Eaton DHD increased approximately 1.1% per year since 1998-2000.

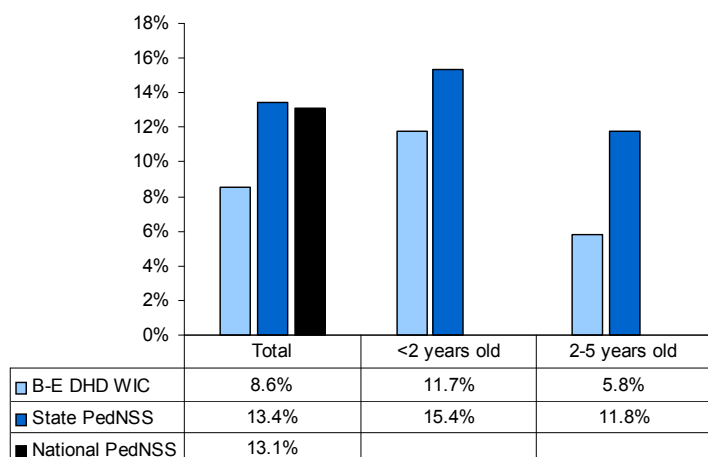
*Low birthweight is defined as having a birthweight less than 2500 grams (5lbs 9 oz) regardless of gestational age.

Figure 3. Local and state trends in **ever breastfed** among infants in Barry-Eaton DHD WIC, 1998-2003 PedNSS



The trend in infants and children under two years old ever breastfed in Barry-Eaton DHD was approximately ten-percentage point higher than the state trend since 1998-2000.

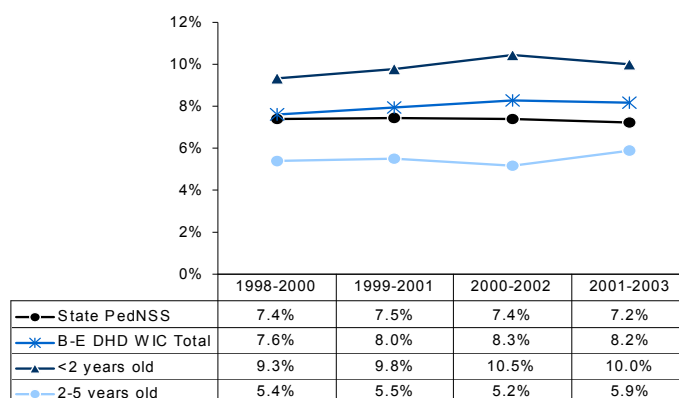
Figure 4. Average prevalence of **iron deficiency anemia*** by age among infants and children under five years old, 2001-2003 PedNSS



Approximately half as many Barry-Eaton DHD children two to five years old had iron deficiency anemia compared to their state peers.

*For infants under the age of one year, iron deficiency anemia is defined as having either a hemoglobin concentration of 11.0 g/dL or a hematocrit level of less than 33%. For children two to five years old, iron deficiency anemia is defined as having either a hemoglobin concentration less than 11.1 g/dL or a hematocrit level below 33.3%.

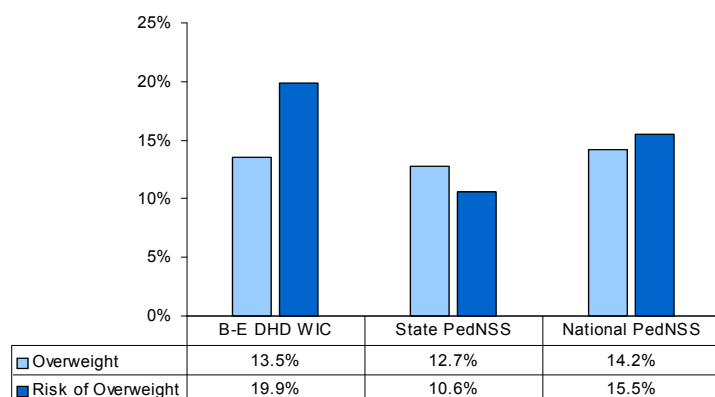
Figure 5. Trend in **short stature*** by age group among infants and children under five years old, 1998-2003 MI PedNSS



*Short stature is defined as having a height-for-age below the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

While the trend in short stature decreased among Michigan WIC infants and children under five years old, in Barry-Eaton DHD the prevalence of short stature had increased approximately 2.4% per year since 1998.

Figure 6. State and local average prevalences of **overweight*** and **risk of overweight**** among children two to five years old, 2001-2003 PedNSS



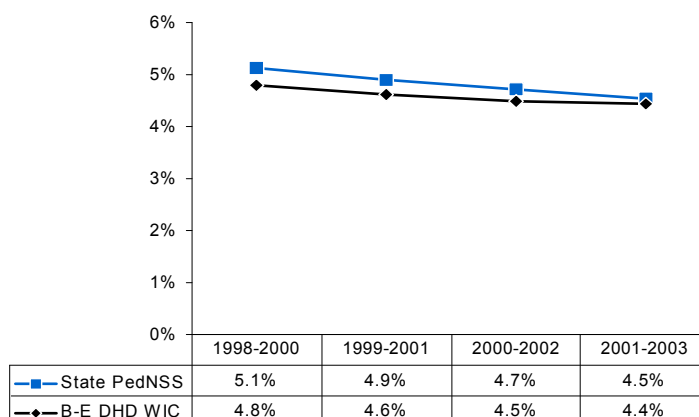
*Overweight is defined as having a weight-for-height greater than the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

**Risk of overweight is defined as having a weight-for-height between the 85th and the 95th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

The prevalence of children two to five years old at risk of overweight in Barry-Eaton DHD was nearly twice as high as the prevalence among state WIC participants.

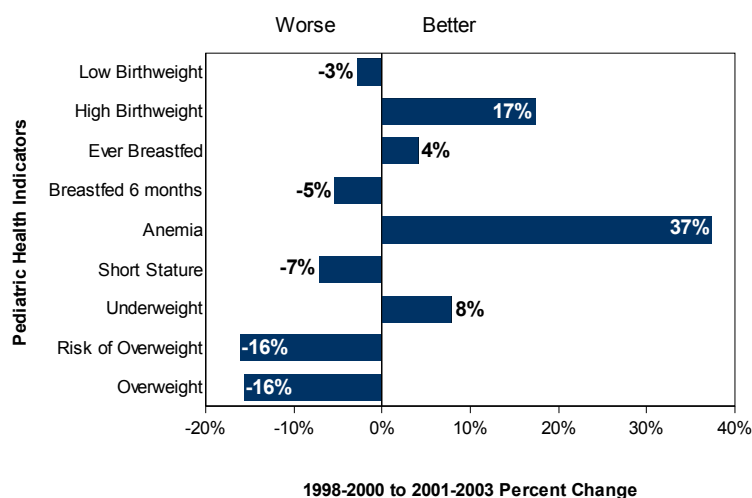
The prevalence of underweight among participants of Barry-Eaton DHD declined almost 2.7% per years since 1998.

Figure 7. State and local average prevalences of **underweight*** among infants and children under five years old, 2001-2003 PedNSS



*Underweight is defined as having a weight-for-height less than the 5th percentile of the National Center for Health Statistics and Centers for Disease Control and Prevention (NCHS/CDC) age- and gender- specific growth chart.

Figure 8. Pediatric **health progress review** for Barry-Eaton DHD WIC infants and children under five years old, 1998-2000 and 2001-2003 MI PedNSS



The greatest progress made in Barry-Eaton DHD was the reduction of WIC participants suffering from iron deficiency anemia and high birthweight.



Jennifer M. Granholm, Governor

Janet Olszewski, Director

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Michigan Department of Community Health

WIC Program

Mission Statement

The mission of the Michigan WIC program is to improve the health outcomes and quality of life for eligible women, infants, and children by providing nutritious food, nutrition education, breastfeeding promotion, and support and referrals to health and other services. To this end:

- Delivery of services and supports are to be provided in a caring, respectful, efficient, and cost effective manner.
- Delivery of services shall be provided in a culturally competent and confidential manner.
- The WIC Program shall assure the broadest possible access to services, supports, and food.